

Document Date: Effective Date: Due Date:

Vendor Information		Paying Agency Name & Address	
No/Sfx _____	PI: _____		
Name _____			
Address _____			
City, St, & Zip _____			

[illegible]

Invoice Number	Description	Agency Use

[illegible]

Invoice Number	Description	Agency Use	

[illegible]

Invoice Number	Description	Agency Use	

[illegible]

Invoice Number	Description	Agency Use
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Purchase/Req.No.	Terms	FOB	Contract Number	Delivery Date	Document Total
					\$

Date & Invoice Number	Quantity	Unit	Description of Material or Service	Unit Price	Amount
					\$

[illegible]

AGENCY APPROVALS:	AGENCY PAYMENT CERTIFICATION: I certify that the within was contracted for the State under authority of law, and that the amount herein is unpaid and correct according to such contact.	
	Agency Authorized Signature	Date